Application or Docket Number

Effective October 1, 2001								10/008693					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN			
T	OTAL CLAIMS		Colum	(1)	(Coll	(Column 2)				OR	SMALL ENTITY		
FOR			AU IMPER EU E				RAT	-+	FEE	4	RATE	FEE	
			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			1.5 minus 20=		*		X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			3 minus 3 =				X42:	- [OR	X84=		
<u> </u>		· · · · · · · · · · · · · · · · · · ·					+140	_		OR	+280=		
* 11	the difference	e in column 1 is	less than zero, enter "0" in column			column 2	TOTA			OR	TOTAL	740	
CLAIMS AS AMENDED - PART II								_		1 0	OTHER		
_		(Column 1)				(Column 3)	SMAL	L EN	YTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	<u> </u>		OR	X\$18=		
	Independent FIRST PRESE	* ENTATION OF MI	Minus			=	X42=			OR	X84=	0	
<u></u>		THE THE THE THE	OLITE DEF	ENDENT	CLAIM		+140=			OR	+280=		
							TOTA				TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. FE	:E L _		JO. 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X42=	╅			X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-	╁		OR	704-		
							+140=	1		OR	+280=		
							TOTA ADDIT. FE			OR A	TOTAL DDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		-	X\$ 9=			OR	X\$18=		
	Independent		Minus	***		=	X42=	1			X84=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM			╁	——	OR	707=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the I	nighest number fo	und in the a	ppropi	riate box	in colu	mn 1.		